conducted by a few agencies have shown that certain communities, like Kutchi, Bhanushalis and Lohanas in Gujarat have higher incidence of thalassaemia.

However, thalassaemia is a genetic disorder, and if both parents are carriers, then there is 1 in 4 chance in each pregnancy of giving birth to a thalassaemia major child.

(c) and (d) Health is a Stale subject. No independent survey has been conducted by Government so far to find out the number of thalasscmic patients in Gujarat.

(c) Remedial measures for management of the disease include repeated blood transfusions, and removal of excess iron produced in the body by chelation therapy. The Govt, has provided Customs Duty exemption to the imported chelator Dcsferal injections, and have also permitted the marketing of an oral chelator, Dcferiprone, under strict medical supervision. The Indian Council of Medical Research, a Govt, aided institution supports an Advanced Research Centre at Christian Medical College, Vellore, for curetive treatment for thalasssacmia. The National Illness Assistance Fund has been set up for providing financial assistance to poor patients suffering from major diseases, including thalassaemia. The States have also been requested to set up similar Funds. Genetic Councelling and prenatal diagnosis during pregnancy to prevent birth of affected children is available at a few Centre in the country.

Performance of Tuberculosis eradication programme

1738. SHRI KRISHNA KUMAR BIRLA: Will the PRIME MINISTER be pleased to state:

(a) what, according to the study, if any, conducted by Government, has been the level of rise in the tuberculosis cases in Delhi and in other States in the country during the last one year;
nstitutions for MTP

(b) what is the number of deaths of tuberculosis patients in 19% and since the beginning of 1997;

(c) what reasons have been identified by Government for unsatisfactory performance of the Tuberculosis Eradication Progreamme in the country; and

(d) what strategy has been formulated to eradicate the disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) As per reports received under the National Tuberculossis Control Programme, there has been no rise of TB cases in Delhi or in other States of the country.

(b) It is estimated that in India about 5 lakhs people die of Tuberculosis in a year.

(c) and (d) A review of the National TB Control Programme was conducted by the Govt, with assistance of WHO in 1992, the salient findings of which are as under:—

— Inadequate budget

— Shortage of drugs

— Emphasis on X—ray diagnosis

— Poor quality sputum microscopy

— ultiplicity of treatment regimens

On the basis of recommediations of the review, a Revised Strategy for implementation with an aim to achieve 85% cure rate was formulated and has been pilot tested. This is now being expanded under the Revised National TB Control Programme to cover 102 districts in the country in the First phase.

Threatended Outbreak of Japanese Encephalitis

1739. SHRI KRISHNA KUMAR BIRLA: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware that according to the scientists of the

National Institute of Communicable Diseases, the river Yamuna has become a fertile breeding ground for mosquitoes, threatening the outbreak of the dreaded Japanese Encephalitis; and

(b) if so, what is Government's reaction with regard thereto, stating the measures contemplated to check the outbreak of such a disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) According to studies carried out by the National Institute of Communicable Diseases (NICD), the revarine belt of Yamuna river is congenial for breeding of mos-quitos and vectors for Japanese Encephalitis. In view of limited population of pigs, the amplifier host, the chances of outbreak of Japanese Encephalitis are minimal. However, the Government of NCT of Delhi and Uttar Pradesh have undertaken steps to clear the vegetations, anti-larval operations including desilting and cleaning operations in the riverine belts of the Yamuna to eliminate breeding grounds of the vectors. In addition. Directorate of National Malaria Eradication Programme has been imparting training to entomologists of MCD and local authorities of U.P. Government who are fighting this menace in the Yamuna region.

Full-Blown Cases of AIDS

1740. DR. ALLADI P. RAJKUMAR: Will the PRIME MINISTER be pleased to state:

(a) whether some 3551 full-blown cases of AIDS have been reported in the country till the end of May, "1997 aver since the dreaded disease first struck in 1986;

(b) whether it is a fact that 89% of the AIDS patients were in the aconomically productive age group of 15 to 45%; and

(c) if so, the steps being taken to check the further spread of this disease . among the general population?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (a) Yes, Sir.

(b) Yes, Sir.

(c) In order to prevant and control the spread of HIV/AIDS in India, a comprehensive programme is currently under implementation as a centrally sponsored scheme throughout the country. The strategics of the programme consist of (i) Strengthening Programme Management capabilities at Central & State level, (ii) Creation of awareness amongst high risk behaviour group and general public about HIV/AIDS, (iii) Control of Sexually Transmitted Diseases, (iv) Ensure Blood Safety and rational use of Blood, (v) Strengthen the surveillance and Diagnosis & (vi) Clinical Management of HIV/AIDS cases.

Trauma Services in Hospitals

1741. DR. ALLADI P. RAJKUMAR: Will the PRIME MINISTER be pleased to state:

(a) whether adequate Trauma services are available in the leading hospitals in Delhi which had to be utilised during the unfortunate Uphaar Cinema tragedy, recently;

(b) if not, what efforts are being made to upgrade the facility; and

(c) the extant of Trauma services available in other big towns in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Most of the leading hospitals in Delhi have established emergency services which are catering to trauma and accident victims. Considering the population of the city and the need for specialised services, a project for setting up a Trauma Centre has been posed for possible external assistance. Govt, of National Capital Territory of Delhi have reported that they have also formulated a scheme for establishing